

B210A (Form 210A) (12/09)

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re Lehman Brothers Holdings Inc.

Case No. 08-13555

OMNIBUS TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Citigroup Global Markets Inc.

Name of Transferee

BPI Vida e Pensões, Companhia de Seguros, SA, as authorized agent for the claimants identified in the proofs of claim below

Name of Transferor

Name and Address where notices to transferee should be sent:

Citigroup Global Markets Inc.
390 Greenwich Street, 4th floor
New York, New York 10013
Attn: Marc Heimowitz
Phone: 212-723-1058
Email: marc.heimowitz@citi.com

Court Claim # (if known): 57621, 57624, 57625, 57626, 57629, 57632, 57668, 57670, 57671, 57673, 57674, 57677, 57678, 57680, 57681, 57683, 57684, 57686, 57688, 57690, 57691, 57693

Amount of Claims: See attached Schedule A

Date Claim Filed: October 30, 2009

Phone: 351213111010

Last Four Digits of Acct #: _____

With a copy to:

Paul, Weiss, Rifkind, Wharton & Garrison LLP
1285 Avenue of the Americas
New York, New York 10019
Attn: Douglas R. Davis
Phone: 212-373-3000
Email: ddavis@paulweiss.com

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: _____

Transferee/Transferee's Agent

Date: _____

0/12/11

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 & 3571.

Exhibit 1

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York
FROM: []

BPI Vida e Pensões, Companhia de Seguros, SA (the "Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of a Claim Purchase Agreement dated as of the date hereof, hereby certifies that it has unconditionally and irrevocably sold, transferred, and assigned to Citigroup Global Markets Inc (the "Purchaser"), 26.5% (equal to US\$588,300.00) of its right, title, interest, claims and causes of action in and to, or arising under or in connection with the claims of the Seller against Lehman Brothers Holdings Inc. ("LBHI") (the "Debtor"), the debtor in Case No. 08 13555 (JMP) et seq. pending in the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"), and the related portion of Proofs of Claim (Numbers 57621, 57624, 57625, 57626, 57629, 57632, 57668, 57670, 57671, 57673, 57674, 57677, 57678, 57680, 57681, 57683, 57684, 57686, 57688, 57690, 57691, 57693) filed by Seller with the Bankruptcy Court in respect of the foregoing claim (the "Claim").

The Seller hereby waives any objection to the transfer of the claim to Purchaser on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law and stipulates that an order may be entered without further notice to Seller transferring to Purchaser the foregoing claim, recognizing this Claim Purchase Agreement as an unconditional assignment and the Purchaser as the sole and valid owner and holder of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Claim to the Purchaser.

IN WITNESS WHEREOF, dated as of the 28th day of July, 2011.

WITNESS: By: Jur. (attb) JL
[SELLER]
(Signature)
(Print name and title of witness)
Terezinha Sarmiento 7/25/11 JL
Director 7/25/11 JL
Power of Attorney
7/25/11

SCHEDULE A

Purchased Claim

\$2,220,000.00 of the outstanding amount of the Proof of Claim as of July, 28th 2011.

Debtor	Proof of Claim #	Outstanding Claim Amount
LEHMAN BROTHERS HOLDINGS, INC	57621	\$500,000.00
LEHMAN BROTHERS HOLDINGS, INC	57624	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57625	\$50,000.00
LEHMAN BROTHERS HOLDINGS, INC	57626	\$190,000.00
LEHMAN BROTHERS HOLDINGS, INC	57629	\$40,000.00
LEHMAN BROTHERS HOLDINGS, INC	57632	\$70,000.00
LEHMAN BROTHERS HOLDINGS, INC	57668	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57670	\$40,000.00
LEHMAN BROTHERS HOLDINGS, INC	57671	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57673	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57674	\$90,000.00
LEHMAN BROTHERS HOLDINGS, INC	57677	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57678	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57680	\$120,000.00
LEHMAN BROTHERS HOLDINGS, INC	57681	\$30,000.00
LEHMAN BROTHERS HOLDINGS, INC	57683	\$100,000.00
LEHMAN BROTHERS HOLDINGS, INC	57684	\$20,000.00
LEHMAN BROTHERS HOLDINGS, INC	57686	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57688	\$320,000.00
LEHMAN BROTHERS HOLDINGS, INC	57690	\$170,000.00
LEHMAN BROTHERS HOLDINGS, INC	57691	\$110,000.00
LEHMAN BROTHERS HOLDINGS, INC	57693	\$30,000.00
TOTAL:		\$2,220,000.00

57621, 57624, 57625, 57626, 57629, 57632, 57668, 57670, 57671, 57673, 57674, 57677, 57678, 57680, 57681, 57683, 57684, 57686, 57688, 57690, 57691, 57693

SCHEDULE B

Description of Security	ISIN/CUSIP	Issuer	Guarantor	Principal/Notional Amount	Coupon	Maturity	Accrued Amount (as of Proof of Claim Filing Date)
LEH StrNt 02/09/14	XS0242448578 / EF2554220	LEHMAN BROTHERS TSY BV	LEHMAN BROTHERS HOLDINGS, INC	U\$2,200,000	Linked to Nikkei 225 Index	09/Fe/2014	

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057693

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões IAPMEI
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009098 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date: **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Neiva Sarmento

José Neiva Sarmento (Director)

Miguel Moraes Leitão

Miguel Moraes Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



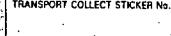
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



 Track this shipment via the DHL Web Site : http://www.dhl.com		Shipment Air/Waybill <small>(Non negotiable)</small>	
598 0836 411			
1 Payer account number and insurance details		ORIGIN <i>UK</i>	
Chargé to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party Payer Account No. <input type="checkbox"/> Cash <input type="checkbox"/> Check Shipment Insurance see reverse <input type="checkbox"/> Not all payment options are available in all countries. <input type="checkbox"/> Yes <input type="checkbox"/> No		DESTINATION CODE <i>24P</i>	
2 From (Shipper)		3 Services/Options	
Shipper's account number 307 511 177 Contact name		Domestic International Non Document Express <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All Services are available in and out of branch <input type="checkbox"/> Express 9 (10-30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelopes <input type="checkbox"/> Other Domestic Services are as shown and as applicable <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-Up <input checked="" type="checkbox"/> Delivery Notification <input type="checkbox"/> Other DHL Global Mail <input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> Other DIMENSIONAL-CHARGEABLE Weight	
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)		4 Shipment Details	
Company name BPI GESTAO DE Activos Address ANA BAHAM CAMP, 31-6^o 1250-049 LISBOA Postcode/Zip Code (required) 1250-049 LX Phone, Fax or E-mail (required)		Total number of packages 1 Total Weight 1.0 kg Dimensions in cm. Height 10 x 10 x 10	
5 Full description of contents Give content and quantity		RECEIVED <i>OCT 30 2009</i>	
6 Non-Docment Shipments Only (Customs Requirement)		CHARGES Services Other Insurance VAT CURRENCY TOTAL	
Attach the original and four copies of a Proforma or Commercial invoice Shipper's VAT/GST Number		Receiver's VAT/GST or Shipper's EIN/SSN	
Declared Value for Customs <small>(as on commercial/proforma invoice)</small>		Harmonized Commodity Code if applicable	
7 TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays duties/taxes		8 TRANSPORT COLLECT STICKER NO.	
<input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other <small>Specify account number</small>			
9 Shipper's agreement (Signature required)			
Unless otherwise agreed in writing, we agree that DHL's Terms and Conditions of Carriage are all the terms and conditions of the contract of carriage and that (1) the liability of DHL is limited by the applicable, the Warsaw Convention limits and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reversal)			
Signature Lucia Matos		Date 29.10.09	
Contact person		Picked up by AJ Route No. PT09/08 F19 PT MD Time 09:00	

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057621

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões BPI Aberto Valorização
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$500,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009092 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Viegas Sarmento (Director)

Miguel Moraes Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS LLC

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A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

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c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076**

Lehman Programs Security

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

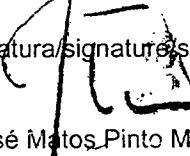
Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: **CPI-F21009 000859380**

DESTINATION: OR

DHL Origin: **US**

Product: **ZYX**
Destination: **XY2**

Day Time: **1/1**
Place: **Shipment Weight:**

Date: **Ref code: MA**

Content description: **WAYBILL 588088641**

POST/ZIP CODE: **10017 New York, United States**

U522 ZYP-TSS

BEL HERE
(Port Collect label)

Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill
(Item registered)

598 0836 411

ORIGIN **US** **DESTINATION CODE** **240**

1 Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No.: **307511177**

Shipment Insurance see reverse

2 From (Shipper)

Shipper's account number: **307511177** Contact name: **BFC GESTAO DE ACTIVOS**

Company name: **BFC GESTAO DE ACTIVOS**
Address: **Avda BRAGA CANARY 311-6
1250-049 LISBOA**
Postcode/Zip Code (required): **1250-049 LX** Phone, Fax or E-mail (required): **1250-049 LX**

3 To (Receiver)

Receiver's account number: **EPIQ BANKRUPTCY SOLUTIONS, LLC**
Address: **1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS
HOLDING CLAIMS PROCESSING**
Postcode/Zip Code (required): **NEW YORK 10017** Country: **USA**
Contact person: **Phone, Fax or E-mail (required)**

4 Shipment details

Total number of packages	Total Weight	Pieces	Dimensions in cm
1	1.0 kg	1	Length Width Height
		1	X X
		1	X X
		1	X X
		1	X X

5 Full description/Description
Give content and quantity: **RECEIVED OCT 30 2009**

6 Non-Documents Shipments Only (Customs Requirements)

Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST number: **Receiver's VAT/GST or Shipper's SINN**

Declared Value for Customs (as on commercial/proforma invoice) **Harmonised Commodity Code if applicable**

7 Shipper's agreement (Signature)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of carriage are as follows: (i) carriage is by air, (ii) carriage is by road, (iii) carriage is by sea, (iv) carriage is by rail, (v) carriage is by inland waterway, (vi) carriage is by pipeline, (vii) carriage is by air, road, sea, rail, inland waterway and/or pipeline, (viii) carriage is by air, road, sea, rail, inland waterway and/or pipeline and (ix) this shipment does not contain cash or dangerous goods (see reverse).

Signature: **Laia Matioli** Date: **29.10.09**

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 - 1199-009 Lisboa, Portugal P.T.C. 500/31933 C.R.C. Matr. n.º 57.701 Capital Social 3.095.328,03 Euro
PT09/08 F10 P1 PT MP

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057624



THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões BNP Paribas
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009106 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Viegas Sámento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIC BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



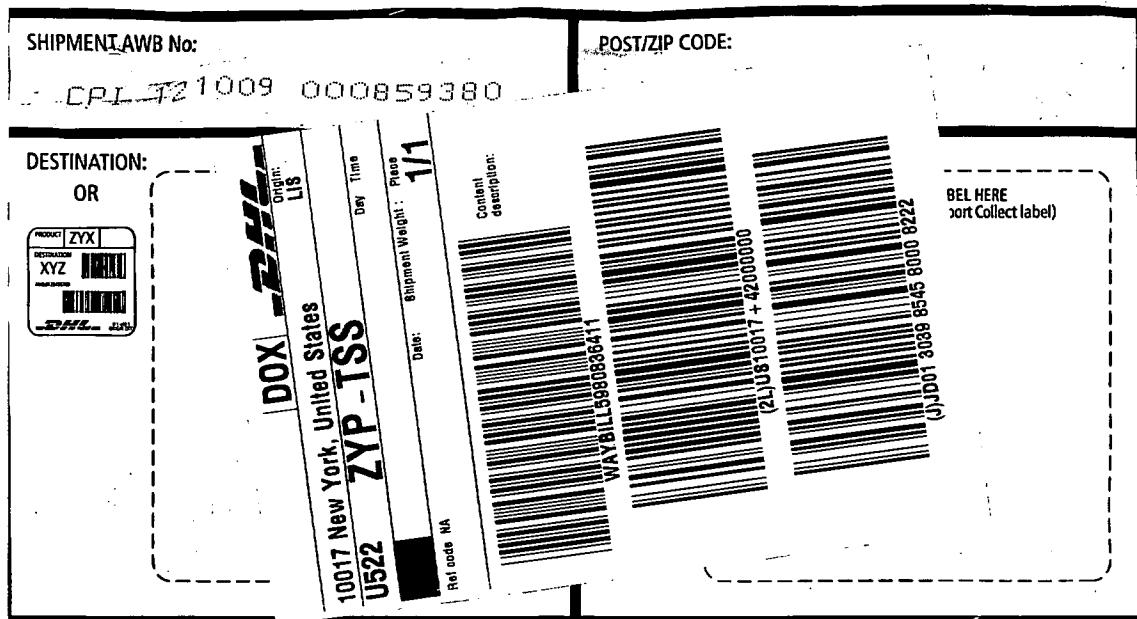
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill (Non Negotiable)

598 0836 411

ORIGIN **DESTINATION CODE**

6 Services

Domestic International International Non Document European Union

Express 9 (10:30 to the USA)

Express 12

Express Worldwide

Express Envelope

Other

Amex Services Aviata charges may apply

Saturday Delivery Special Pick-Up

Delivery Notification **RECEIVED**

Other

DHL Global Mail

GMH Priority GMH Standard Other

7 DIMENSIONAL/CHARGEABLE WEIGHT

kg * 0

CHARGES Services Other

Other Insurance

VAT

CURRENCY TOTAL

TRANSPORT COLLECT STICKER No.

Consignee / Parcel copy

8 Shipment details

Total number of packages: 1 Total Weight: 1.1 kg Dimensions in cm: 10 x 10 x 10

1. Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No.:

Shipment Insurance see reverse Yes No (Not all payment options are available in all countries)

2 From (Shipper)

Shipper's account number: 307511177 Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice):

Company name: BPI GESTAO DE ACIVOS

Address: Rua BRAAM CAMP, 11-630
1250-049 LISBOA

Postcode/Zip Code (required): 1250-049 LISBOA

Phone, Fax or E-mail (required): 1250-04961x

3 To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC

1757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEITMAN BROTHERS,
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): NEW YORK 10017

Country: USA

Phone, Fax or E-mail (required):

Contact person:

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, User agrees that DHL's Terms and Conditions of Carriage are all the terms of carriage between shipper and DHL. (1) such Terms and Conditions and, where applicable, the Waybill, shall apply to the carriage of the goods, notwithstanding any loss, damage or delay and (2) that shipper does not contain cash or dangerous goods (see reverse).

Signature: *Laela Maitland* Date: 29/10/09

Picked up by: *AL 30*

Route No.: *100*

Time: *10:00*

TOP

DHL Express Portugal, Lda. Rua Cidade de Liverpool, 16 2º - 1199-008 Lisboa, Portugal P.C. 1500-1993 C.R.E. Matra nº 57.701 Capital Social 3.086.378,00 Euros
PT09/09 F19 PT MP

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

In Re:
 Lehman Brothers Holdings Inc., et al.,
 Debtors.

Chapter 11
 Case No. 08-13555 (JMP)
 (Jointly Administered)

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000057625



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Aberto BPI Acções
 Rua Braamcamp, N.º 11, 7.^o
 1250-049 Lisboa
 PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
 (If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$50,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009110 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Neiga Sarmiento **(Director)**

Miguel Morais Leitão **(Director)**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

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A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

**Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076**

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

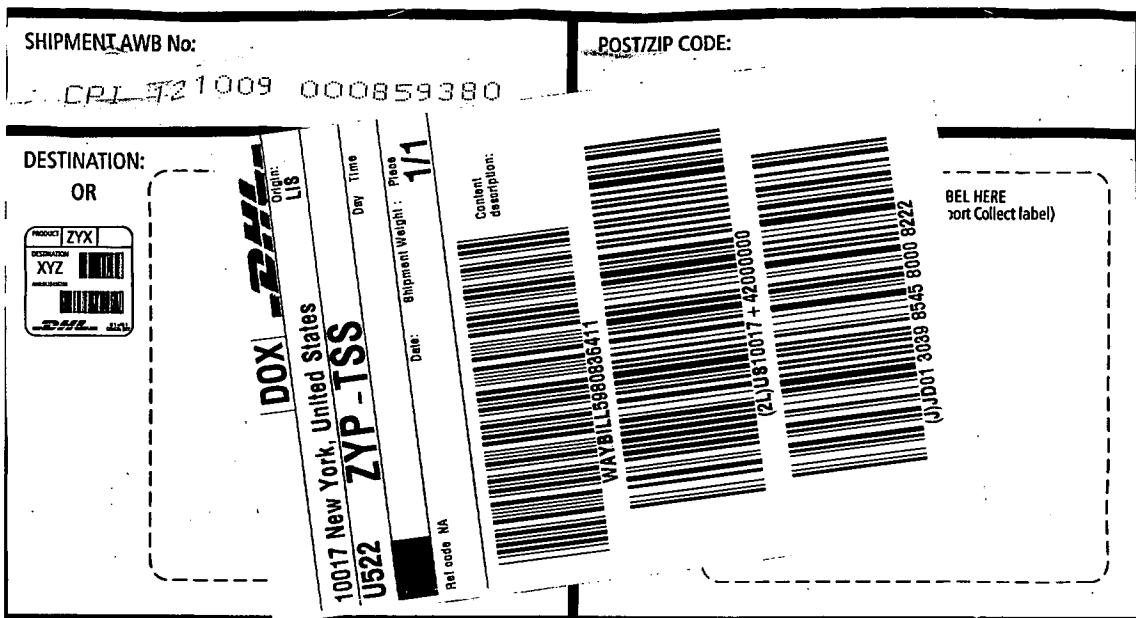
La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societel
- Fundo de Pensões Grupo Gás de Portugal



Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill (Non Negotiable)

598 0836 411

ORIGIN: LIS

DESTINATION CODE: 245

1 Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No.:

Shipment Insurance see reverse Yes No

Not all payment options are available in all countries

2 From (Shipper)

Shipper's account number: 30V511177 Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: BFI Gestão de Activos

Address: Rua Biraamcan, 131-6
1250-049 Lisboa

Postcode/Zip Code (required): 1250-0496x Phone, Fax or E-mail (required):

3 To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEINAN BROTHERS
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): NEW YORK 10017 Country: USA

Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages	Total Weight	Pieces	Dimensions in cm
1	1.0 kg	1	Length Width Height
		1	x x
		1	x x
		1	x x

RECEIVED OCT 3 2009

5 Full description of contents
Give content and quantity

6 Non-Documents Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs (see on commercial/proforma invoice) Harmonized Commodity Code if applicable:

TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes If left blank receiver pays duties/taxes

Receiver Shipper Other specify account number

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, I agree that DHL's Terms and Conditions of carriage are all that apply. I also agree that DHL's liability is limited to the liability set out in the DHL Terms and Conditions and, where applicable, the Warsaw Convention, and for any damage to my property, loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse)

Signature: *Leila Matos* Date: 29/10/09

Picked up by: *Leila Matos* Route No: *111* Time: *09:00*

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2º - 1189-009 Lisboa, Portugal P.C. 1500-73093 C.R.C. Matr. n.º 57.791 Capital Social 3.056.378,00 Euros
PT09/08 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057626



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Aberto BPI Segurança
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$190,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009099 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number, if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento **(Director)**

Miguel Moraes Leitão **(Director)**

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**



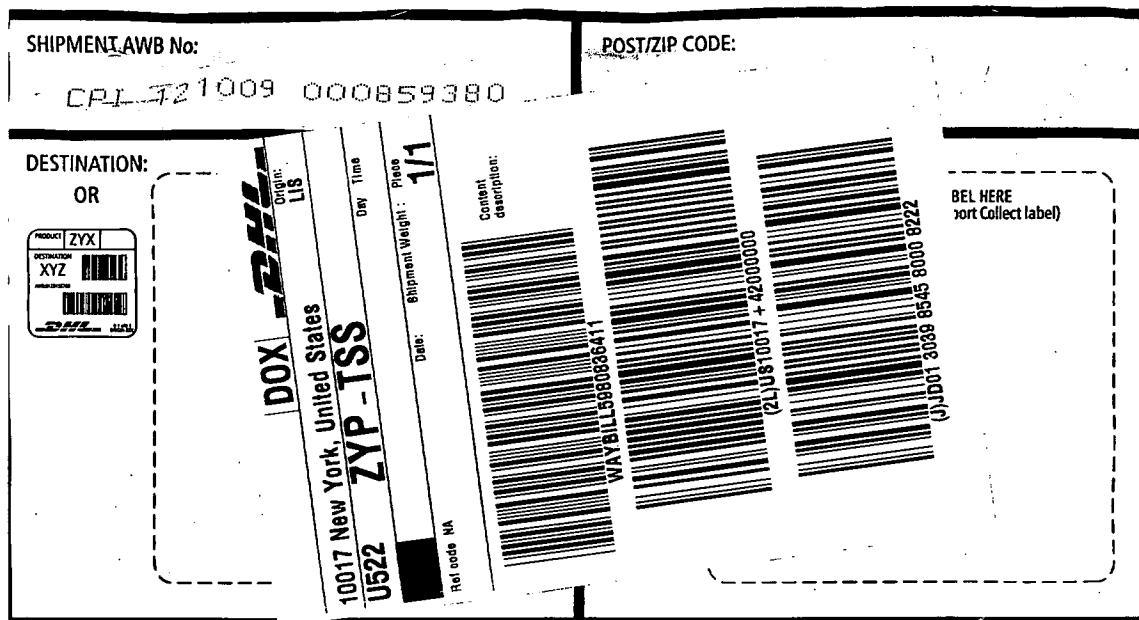
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>
Shipment Air Waybill (Non negotiable)

1 Payer account number and insurance details
Charge to Shipper Receiver, 3rd party Cash Cheque Credit Card
Payer Account No. Yes No Not all payment options are available in all countries

2 From (Shipper)
Shipper's account number: 30V511177 Contact name: *EST. GESTAO DE ACTIVOS*
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: *EST. GESTAO DE ACTIVOS*
Address: *10, CARAVACA, 151-6 1250-049 LISBOA*
Postcode/Zip Code (required): 1250-049 Phone, Fax or E-mail (required): *1250-0496x*

3 To (Receiver)
EPIK BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): NEW YORK 10017 Country: USA
Contact person: *Lacla Mattox* Phone, Fax or E-mail (required): *212.510.0099*

598 0836 411 ORIGIN: ES DESTINATION CODE: 240

6 Services: Domestic International International European
 Express 11:30 to the USA Express 12 Express Worldwide Express Envelope Other Other services are not charged extra fees!
 Saturday Delivery Special Pick-Up Delivery Notification Other Other services are not charged extra fees!
 DHL Global Mail GMS Priority GMS Standard Other

4 Shipment details
Total number of packages: 1 Total Weight: 1.0 kg Dimensions in cm: @ x x
@ x x
@ x x
@ x x

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5 Full description of contents: Give content and quantity: *1*

6 Non-Documents: Shipments Only (Customs Requirement)
Attach this original and four copies of a customs or commercial invoice
Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN: *1234567890*

Declared Value for Customs: Harmonized Commodity Code if applicable:
(as on commercial/commercial invoice)

TYPE OF EXPORT: Permanent Repair / Return Temporary
Destination duties/taxes: If left blank receiver pays duties/taxes
 Receiver Shipper Other Specify account number

7 Shipper's agreement (Signature required)
Unless otherwise agreed in writing, I agree that DHL's Terms and Conditions of carriage are all that apply to this shipment. I also agree that (1) DHL is not liable for loss, damage or delay, and, where applicable, the Warsaw Convention limits apply, excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature: *Lacla Mattox* Date: 29.10.09
Picked up by: *AL*
Route No.: *111*
Time: *09:00*

TOP

DHL Express Portugal, Lda. Rua Cidade de Liverpool, 15 2 - 1199-009 Lisboa, Portugal P.C. 1500-71093 C.R.C. Nossa nº 57.701 Capital Social 3.096.328,00 Euros
PT0908 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057632



THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Centralceir
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$70,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009097 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date. 06/10/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
[Handwritten signatures of José Xeiga Sármiento and Miguel Morais Leitão]

José Xeiga Sármiento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



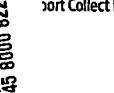
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No:		POST/ZIP CODE:	
CP1 321009 000859380			
DESTINATION: OR		POST/ZIP CODE: BEL HERE (Sort Collect label)	
 DOX ZYP-TSS 10017 New York, United States U522		    	
ORIGIN: LIS		Content description:     	
Day Time 1/1		Piece Shipment Weight: Date: 1/1	
Product: ZYX Destination: XYZ		Ref code: NA	

<p>Track this shipment via the DHL Web Site : http://www.dhl.com</p> <p>Shipment Air Waybill <small>Printed/receipted</small></p> <p>1 Payer account number and insurance details</p> <p>Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver, <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card</p> <p>Payer Account No. <input type="text"/></p> <p>Shipment Insurance can reverse <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Not all payment options are available in all countries</small></p>		<p>598 0836 411</p> <p>ORIGIN <i>CS</i> DESTINATION CODE <i>CH</i></p> <p>6. Services</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> International Non Document <input type="checkbox"/> European Union</p> <p><small>Not all services are available to our class of shipping</small></p> <p><input type="checkbox"/> Express 9 (10:30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other <i>Priority Mail</i></p> <p><small>Optional Services - no charges apply</small></p> <p><input type="checkbox"/> SureShip Delivery <input type="checkbox"/> Special Pick-Up <input checked="" type="checkbox"/> Delivery Notification <input type="checkbox"/> Other <i>Priority Mail</i></p> <p>7. Global Mail</p> <p><input type="checkbox"/> GMS Priority <input type="checkbox"/> GMS Standard <input type="checkbox"/> GMS Direct</p> <p>8. DIMENSIONAL/CHARGEABLE WEIGHT</p> <p>kg 91</p> <p>CHARGES</p> <p>Services</p> <p>Other</p> <p>Insurance</p> <p>VAT</p> <p>CURRENCY TOTAL</p> <p>TRANSPORT COLLECT STICKER NO.</p> <p>9. Picked up by <i>Alfons</i></p> <p>Route No.</p> <p>Time</p> <p>Date</p>	
<p>2 From (Shipper)</p> <p>Shipper's account number <input type="text"/> Contact name <input type="text"/></p> <p>Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) <i>207513177</i></p> <p>Company name <i>BFT GESTAO DE ACIUST</i></p> <p>Address <i>Av. DIAZ DE MENDOZA, 311-6 1250-049 LISBOA</i></p> <p>Postcode/Zip Code (required) <input type="text"/> Phone, Fax or E-mail (required) <input type="text"/></p> <p>3 To (Receiver)</p> <p>EPIC BANKRUPTCY SOLUTIONS, LLC <i>757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS, HOLDING CLAIMS PROCESSING</i></p> <p>Postcode/Zip Code (required) <input type="text"/> Country <i>USA</i></p> <p>Phone, Fax or E-mail (required) <input type="text"/></p> <p>4 Shipment details</p> <p>Total number of packages <input type="text"/> Total Weight <i>1.0</i> Dimensions in cm <input type="checkbox"/> Length <input type="checkbox"/> Width <input type="checkbox"/> Height <input type="checkbox"/> @ x x <input type="checkbox"/> @ x x <input type="checkbox"/> @ x x <input type="checkbox"/> @ x x</p> <p>5 Full description of contents</p> <p>Give content and quantity <i>RECEIVED OCT 30 2009</i></p> <p>6 Non-Document Shipments Only/Customs Requirement</p> <p>Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/GST number <input type="text"/> Receiver's VAT/GST or Shipper's EIN/SSN <input type="text"/></p> <p>Declared Value for Customs (as on commercial/proforma invoice) <input type="checkbox"/> Harmonised Commodity Code if applicable <input type="checkbox"/></p> <p>7. TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if left blank receiver pays duties/taxes</p> <p><input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other <small>Specify agreed account number</small></p> <p>8. Shipper's agreement (Signature required)</p> <p>Unless otherwise agreed in writing, We agree that DHL's Terms and Conditions of carriage are all the terms and conditions of the contract of carriage. These terms and conditions, which do not affect or supersede, the魏加通 Convention terms and excludes DHL's liability for loss, damage or cost, and (2) that this shipment does not contain cash or dangerous goods (see reverse).</p> <p><i>Leila Martinez</i> <i>29.10.09</i></p> <p>9. Signature <i>Leila Martinez</i> Date <i>29.10.09</i></p> <p>DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 701 189 000 Lisboa, Portugal I.P.C. 500 731 993 C.R.C. Lisboa 3 57 701 Capital Social 3.068.328,03 Fins</p>			

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057668

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Sorefame
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009100 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Viegas Sármiento **(Director)**

Miguel Morais Leitão **(Director)**

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.³/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

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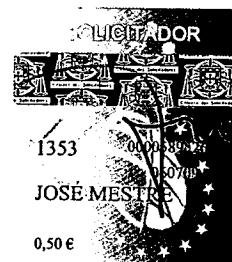


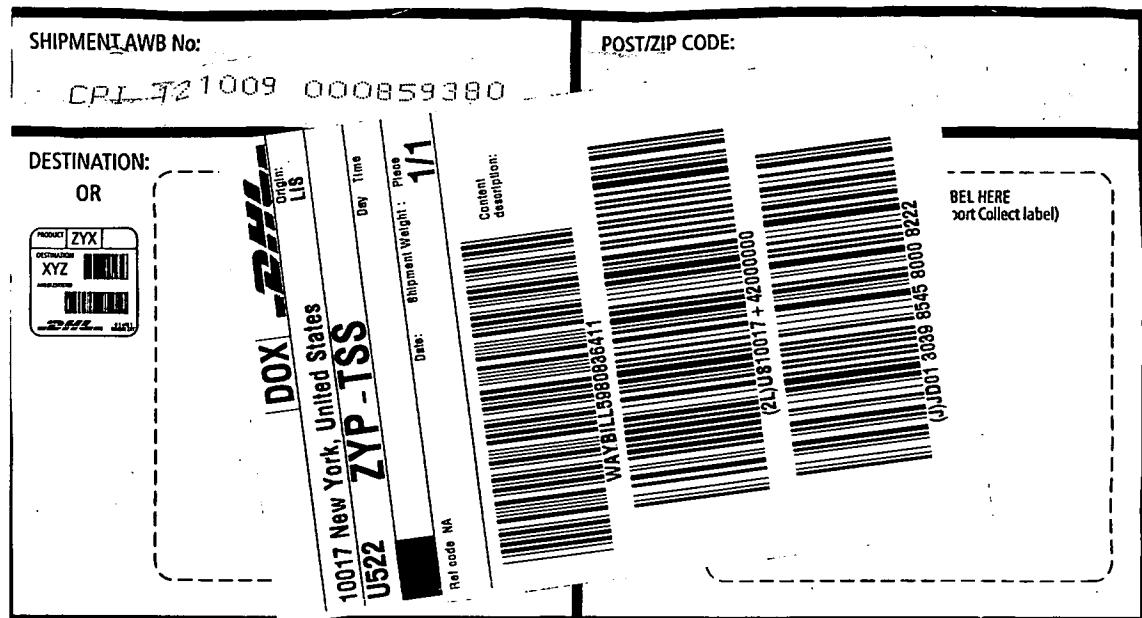
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- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

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- Fundo de Pensões Unicer
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- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Truck this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill

598 0836 411

ORIGIN: DESTINATION CODE:

1 Payer account number and insurance details

Charge to: Shipper Receiver 3rd party
 Cash Cheque Credit Card

Payer Account No:

Shipment Insurance see reverse
 Yes Not all payment options are available in all countries

2 From (Shipper)

Shipper's account number: Contact name:

30V510 177

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name:
BFI GESTAO DE ACTIVOS

Address:
AV DA CIMA CANTE 11-6
1250-049 LISBOA

Postcode/Zip Code (required): 1250-049 Phone, Fax or E-mail (required): 1250-049lx

4 To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS,
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): 100-17 Country: USA

Contact person: Phone, Fax or E-mail (required):

5 Services

Origin: International Instrumental Non Document European Union

Dest: Express 9 (10:30 to the USA)
Express 12
Express Worldwide
Express Envelope
Other: General Service items may apply
Saturday Delivery Special Package
Delivery Notification
Other:

DHL Global Mail
DHL Global Post DHL Standard Courier

6 Non-Doc Shipment Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice.

Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs (as on commercial/proforma invoice): Harmonized Commodity Code (if applicable):

TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes if not blank receiver pays duties/taxes

Receiver Shipper Other Specify account number

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all that govern the carriage of my/our goods and, where applicable, the Warsaw Convention rules and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Leila Martinez Date: 29.10.09

Picked up by: Route No. Date:

TOP

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2º - 1199-009 Lisboa, Portugal n.º P.C. 500731929 C.R.C. N.º 57.701 Capital Social 3.058.378,03 Euros
PT0948 F19 PT MP

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

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Este documento público/Le présent acte public/This public document
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3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

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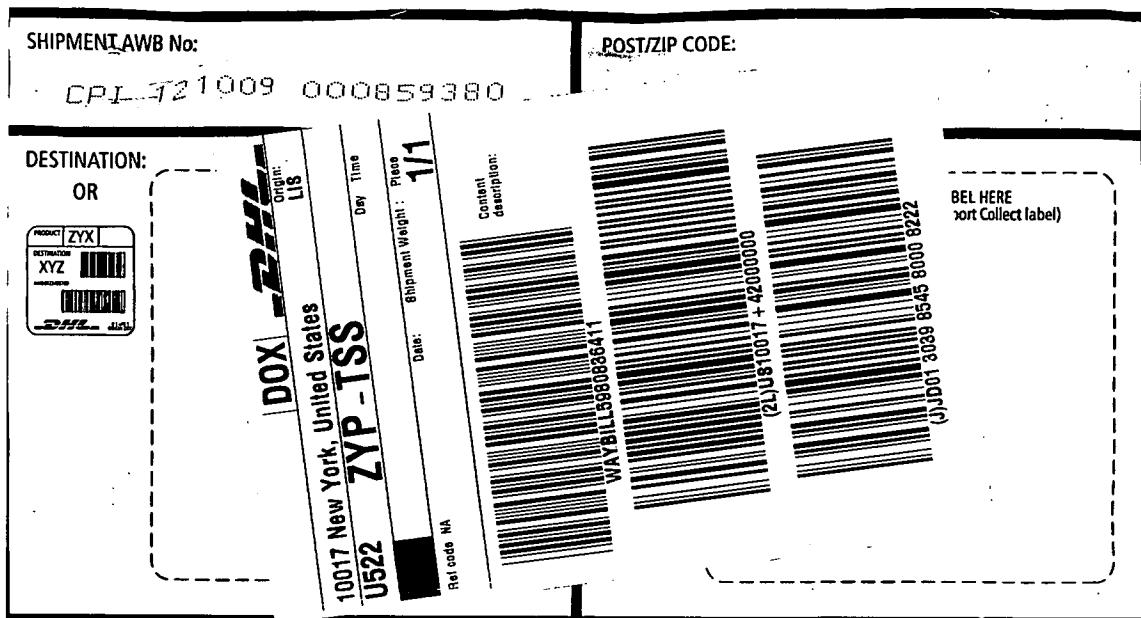
La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal



Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill (Non-negotiable)

1 Payer account number and insurance details

Charge to Shipper Receiver, 3rd party Cash Cheque Credit Card

Payer Account No. **3005101777**

Shipment Insurance see reverse Not all payment options are available in all countries

2 From (Shipper)

Shipper's account number **3005101777** Contact name **BST - GR-SIAO DE Activos**

Company name **BST - GR-SIAO DE Activos**
Address **Rua Diamantina, 11-15
1250-049 LISBON**
Postcode/Zip Code (required) **1250-049** Phone, Fax or E-mail (required) **1250-0496**

3 To (Receiver)

ERIS BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) **10031** Country **USA**
Contact person **Leila Martinez** Phone, Fax or E-mail (required) **212-557-1009**

598 0836 411

ORIGIN **212 1009**

DESTINATION CODE **212 1009**

6 Services

International Domestic International Non Document-4 European Union

Other services are available to and from the following:
 Express 9 (10:30 to the USA)
 Express 12
 Express Worldwide
 Express Envelope
 Other: **Delivery to door**
 Other services delivery charges may apply:
 Saturday Delivery Special Pick-Up
 Delivery Notification
 Other: **Delivery to door**

7 DIMENSIONAL-CHARGEABLE WEIGHT

kg * gr

CHARGES
Services
Other
Insurance
VAT

CURRENCY TOTAL

TRANSPORT COLLECT STICKER No. **10031**

8 Consignee / Recipient Copy

9 TOP

10 Picked up by **Leila Martinez** Date **29/10/09**
Route No. **111** Date **29/10/09**
Time **10:00** Date **29/10/09**

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, We agree that DHL's Terms and Conditions of carriage are all that apply to this shipment. (1) We accept DHL's Terms and Conditions and, where applicable, the Warsaw Convention rules and/or excludes liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature **Leila Martinez** Date **29/10/09**

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2 - 1199 000 Lisboa, Portugal P.C. 1007-31993 C.R.C. Alvaro n.º 57.701 Capital Social 3.086.328,00

PT0908 F19 PT MP

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057671

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Vista Alegre
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Check this box to indicate that this claim amends a previously filed claim.

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009101 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
06/10/2009 *[Signature]* **Miguel Moraes Leitão (Director)**
José Vieira Sarmento (Director)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

Pais de destino/Pays de destination/Destination country **Estados Unidos da América**

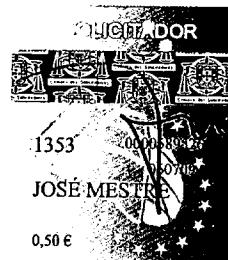


TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

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- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Sociotel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No:		POST/ZIP CODE:	
CPL 721009 000859380			
DESTINATION: OR		POST/ZIP CODE:	
    		10017 New York, United States U522 ZYP-TSS Ref code: NA Ret code: NA	
Origin: LIS		Day Time: 1/1	
Content description: 		Shipment Weight: Please 	
		2LUS1007 + 42000000 	
		(JJ001 339 8545 8000 8222)	
BEL HERE Post Collect label)			

 Track this shipment via the DHL Web Site : http://www.dhl.com																			
Shipment Air Waybill <small>(DHL negotiated)</small>																			
598 0836 411																			
1 Payer account number and insurance details																			
Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver: <input type="checkbox"/> 3rd party <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Cash</td> </tr> <tr> <td><input type="checkbox"/> Cheque</td> </tr> <tr> <td><input type="checkbox"/> Credit Card</td> </tr> </table>		<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card															
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<input type="checkbox"/> Credit Card																			
Payer Account No. <input type="text"/>																			
Shipment Insurance and reverse <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Not all payment options are available in all countries.</small>																			
2 From (Shipper) Shipper's account number <input type="text"/> Contact name <input type="text"/>																			
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) 307511197																			
Company name BFI Gestão de Activos Address Rua Guilherme Gomes Canhoto, 31-6 1250-049 Lisboa Postcode/Zip Code (required) 1250-049 Phone, Fax or E-mail (required) bfi@bfi.pt																			
3 To (Receiver) EPIS BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HOLDING CLAIMS PROCESSING																			
Postcode/Zip Code (required) 100-17 Country USA Phone, Fax or E-mail (required) <input type="text"/>																			
4 Shipment details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total number of packages</td> <td style="width: 20%;">Total Weight</td> <td style="width: 60%;">Dimensions in cm</td> </tr> <tr> <td>1</td> <td>1.0</td> <td>Length x Width x Height</td> </tr> <tr> <td></td> <td></td> <td>kg x cm</td> </tr> <tr> <td></td> <td></td> <td>---@ x x x</td> </tr> <tr> <td></td> <td></td> <td>---@ x x x</td> </tr> <tr> <td></td> <td></td> <td>---@ x x x</td> </tr> </table> <p style="text-align: center;">RECEIVED OCT 30 2009</p>		Total number of packages	Total Weight	Dimensions in cm	1	1.0	Length x Width x Height			kg x cm			---@ x x x			---@ x x x			---@ x x x
Total number of packages	Total Weight	Dimensions in cm																	
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		---@ x x x																	
5 Full description of contents <small>Give content and quantity</small>																			
6 Non-Documents Shipment Only (Customs Requirement) <small>Attach the original and four copies of a Proforma or Commercial invoice</small>																			
Shipper's VAT/GST number <input type="text"/> Receiver's VAT/GST or Shipper's EIN/SSN <input type="text"/>																			
Declared Value for Customs <small>(as on commercial/proforma invoice)</small>																			
Harmonised Commodity Code if applicable <input type="text"/>																			
TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary <small>Destination duties/taxes if left blank receiver pays duties/taxes</small>																			
<input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other <small>Specify separate account number</small>																			
7 Shipper's agreement (Signature required): <small>Under the circumstances agreed in writing, we agree that DHL's Terms and Conditions of carriage are all the terms and conditions of carriage, including the carriage terms and conditions and where applicable, the Worldwide Convention (this and/or excludes DHL's liability for damage or loss) and (2) this shipment does not contain cash or dangerous goods (see reverse).</small>																			
Signature Laela Matos Date 29.10.09																			
<small>DHL Express Portugal, Lda - Rua Caldas de Liverpool, 167 - 119 009 Lisboa, Portugal P.C. 1600-1993 C.R.C. Lisboa n.º 57.701 Capital Social 3.098.226,03 Euro</small>																			
<small>ORIGIN CS DESTINATION CODE 24E</small>																			
8 Services <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Domestic</td> <td style="width: 20%;">International</td> <td style="width: 20%;">Non-Domestic</td> <td style="width: 20%;">European Union</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p><small>Not all Services are available in and from all countries</small></p> <p><input type="checkbox"/> Express 9 (10-30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express / Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other <small>Optional Services (extra charges apply)</small> <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-Up <input checked="" type="checkbox"/> Delivery Notification <input type="checkbox"/> <input type="checkbox"/> Other</p> <p><small>DHL Global Mail</small></p> <p><input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> Other</p> <p><small>DIMENSIONS/WEIGHT</small></p> <p>kg 1 cm 10 x 10 x 10</p> <p><small>CHARGES</small></p> <p>Services <input type="checkbox"/> Other <input type="checkbox"/></p> <p><small>Insurance</small></p> <p>VAT <input type="checkbox"/></p> <p><small>CURRENCY</small></p> <p>TOTAL <input type="checkbox"/></p> <p><small>TRANSPORT COLLECT STICKER No.</small></p>		Domestic	International	Non-Domestic	European Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Domestic	International	Non-Domestic	European Union																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<small>Comments / Packets Copy</small>																			
<small>TOP</small>																			

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057673



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Symington
Rua Braamcamp, N.º 11, 7º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

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6009091 (Required)

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96942 (Required)

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Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature

Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

SHIPMENT AWB No:		POST/ZIP CODE:	
CPL 321009 000859380			
DESTINATION: OR		POST/ZIP CODE: BEL HERE (or Collect label)	
 DOX 10017 New York, United States U522 ZYP-TSS Ref code: NA		 VA2011580836011   	
PRODUCT DESTINATION XYZ 	Origin: L18	Day Time Please 1/1	Content description: (2) U81001 + 42000000 UJD01 3009 8545 8000 8222

DHL EXRESS		Track this shipment via the DHL Web Site : http://www.dhl.com	
Shipment Air Waybill <small>(Non Negotiable)</small>			
1 Payer account number and insurance details			
<p>Charge to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Recipient. <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card</p> <p>Payer Account No. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All payment details are available at all countries.</p> <p>Shipment Insurance see reverse <input type="checkbox"/> Not all payment details are available at all countries.</p>			
2 From (Shipper) <p>Shipper's account number 307511177 Contact name</p> <p>Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)</p> <p>Company name BPE SISTEMAS DE Activos Av. DAHABY CAMP, EDI-6 1250-049 LISBOA Postcode/Zip Code (required) 1250-049 Lx Phone, Fax or E-mail (required) 1250-049 Lx</p>			
3 To (Receiver) <p>EPIC BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HELD CLAIMS PROCESSING</p>			
<p>Postcode/Zip Code (required) NEW YORK 10037 Country USA Contact person Phone, Fax or E-mail (required)</p>			
<p>TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes If left blank receiver pays duties/taxes</p> <p><input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other <small>Indicate if you are not the current owner.</small></p>			
7 Shipper's Agreement (Signature required) Unless otherwise agreed in writing, these agree that DHL Terms and Conditions of carriage are as of the terms of the contract between sender and DHL and (1) such Terms and Conditions and, where applicable, the DHL Service Agreement, excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain any dangerous goods (see DHL Dangerous Goods Regulations). <p>Signature Leila Marion Date 29.10.09</p>			
598 0836 411 CS 24 5			
ORIGIN DESTINATION CODE			
6 Services Domestic International International Non-Domestic European <input type="checkbox"/> Express 9 (10.10) to the USA <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Europe <input type="checkbox"/> Other <input type="checkbox"/> <small>Delivery Services below charge extra speed</small> <input type="checkbox"/> Standard Delivery <input type="checkbox"/> Special Pickup <input checked="" type="checkbox"/> Delivery Notification <input type="checkbox"/> Other <input type="checkbox"/> DHL Global Mail <input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> Other DIMENSIONAL/CHARGEABLE WEIGHT kg * gr			
7 CHARGES Services Other Insurance VAT CURRENCY TOTAL TRANSPORT COLLECT STICKER No.			
Picked up by Leila Marion Route No. Time Date			
TOP			

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057674

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Unicer
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$90,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009090 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

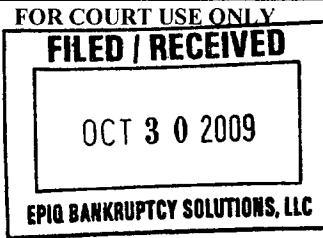
Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)



INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

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Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

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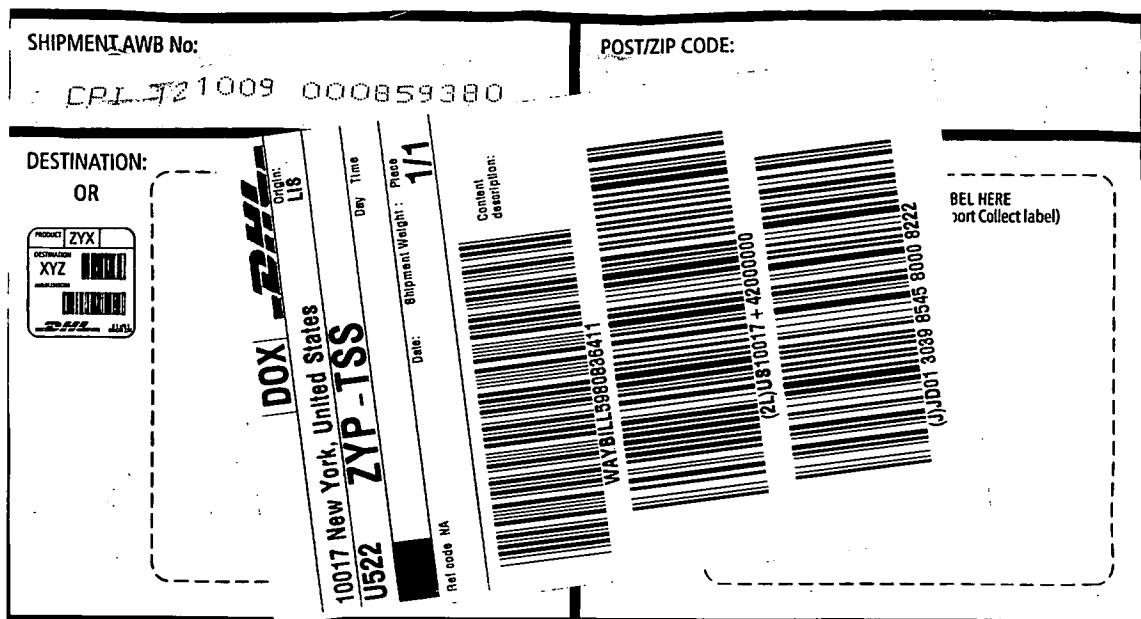
La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal



Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill (Non Negotiable)

598 0836 411

ORIGIN: LIS

DESTINATION CODE: 24

1 Payer account number and insurance details

Charge to: Shipper Receiver, 3rd party Cash Cheque Credit Card

Payer Account No.:

Shipment Insurance see reverse Not all payment methods are available in all countries

2 From (Shipper)

Shipper's account number: 307511177 Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: BPI GESTAO DE ACTIVOS
Address: AVA BRAAM CAMP, 31-6
1250-049 LISBOA
Postcode/Zip Code (required): 1250-049
Phone, Fax or E-mail (required):

3 To (Receiver)

EPIS BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLR
NEW YORK
ATTN: LEITMAN BROTHERS,
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): NEW YORK 10017
Country: USA
Phone, Fax or E-mail (required):

RECEIVED OCT 3 2009

4 Shipment details

Total number of packages	Total Weight	Dimensions in cm		
1	1.1 kg	10	10	10
		cm	Length	Width
			Height	

5 DHL Correspondence Details
Give content and quantity

6 Non-Document Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST Number:
Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs, (as on commercial/proforma invoice) Harmonised Commodity Code if applicable

TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes (left blank receiver pays duties/taxes)

Receiver Shipper Other (enter account number)

7 Shipper's agreement (Signature required)

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 18 2º - 1199-009 Lisboa, Portugal e.P.C. 50071993 C.R.E. Alva nº 57.701 Capital Social 3.060.378,00 Euro
Signature:
Date: 29.10.09
Picked up by:
Route No.:

TOP

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057677



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Socitrel
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009095 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
06/10/2009 *Jose Veiga Sarmento* *Miguel Morais Leitão*
Jose Veiga Sarmento (Director) **Miguel Morais Leitão (Director)**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

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Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

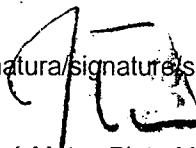
Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

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Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

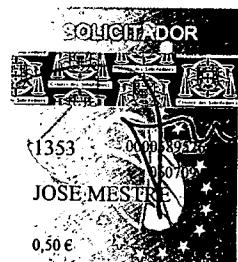
País de destino/Pays de destination/Destination country **Estados Unidos da América**

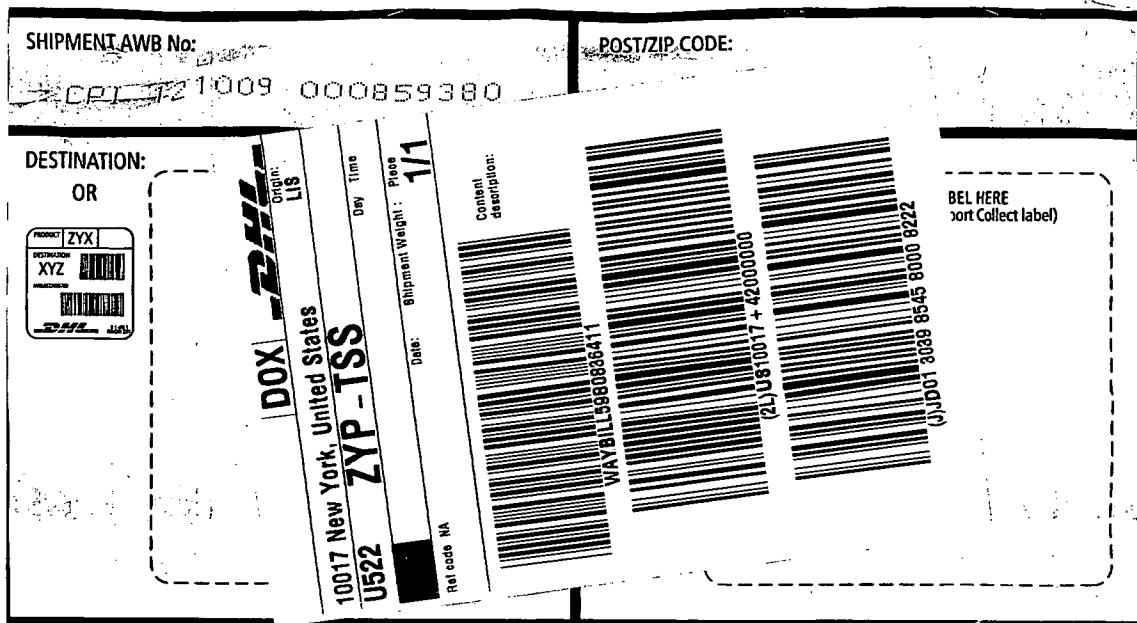
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, HEREBY CERTIFIES that José Manuel Chaves Veiga Sarmento, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and Luís Miguel Gubert Morais Leitão, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are Directors of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site: <http://www.dhl.com>

Shipment Air Waybill (Non-negotiable)

598 0836 411

ORIGIN: LIS

DESTINATION CODE: 246

1. Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash Check Credit Card

Payer Account No.

Shipment Insurance see reverse Yes No Insurance coverage are available in all countries.

2. From (Shipper)

Shipper's account number: 307-511-177 Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: BPI GESTAO DE ACTIVOS

Address: Rua BRAAM CAMP 11-6

1250-049 LISBOA

Postcode/Zip Code (required) Phone, Fax or E-mail (required)

3. To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC

1757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEHTAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) Country: USA

Contact person: Phone, Fax or E-mail (required)

4. Services

Origin: International International European

Dest: International International European

All of Services are available to and from Brazil

Express 9 (10-30 to the USA)

Express 12

Express Worldwide

Express Envelope

Other

Optional Services (will always be metered)

Signature Delivery Special Pick-Up

Delivery Notification DHL

Other

Dest: Brazil USA Canada Other

GMH Priority GMH Standard Other

5. Shipment details

Total number of packages: 1

Total Weight: 1.0 kg

Pieces: 1

Dimensions in cm: 10 x 10 x 10

Length: 10 cm

Width: 10 cm

Height: 10 cm

RECEIVED OCT 30 2009

6. Non-Documents: Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice

Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs (as on commercial/proforma invoice) Harmonised Commodity Code if applicable

TYPE OF EXPORT Permanent Repair / Return Temporary

Destination duties/taxes (If blank receiver pays duties/taxes)

Receiver Shipper Other Enter 12 digit account number

7. Shipper's Agreement (Signature required)

Unless otherwise agreed in writing, we agree that DHL's Terms and Conditions of Carriage are all the terms and conditions of carriage, including the DHL General Conditions of Carriage, the DHL Standard Conditions of Carriage and where applicable, the Wapanet Convention Sheets and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature: *Carla Mationi* Date: 29.10.09

TOP

Picked up by: *A. M. Mationi* Date:

Route No: Time:

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 2 - 1199-009 Lisboa, Portugal n° P.C. 500/31993 C.R.C. Matr. n° 51.701 Capital Social 3.088.328,03 Euro

PT09-03 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057678



Y

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Sogrape
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009107 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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Pais de destino/Pays de destination/Destination country **Estados Unidos da América**



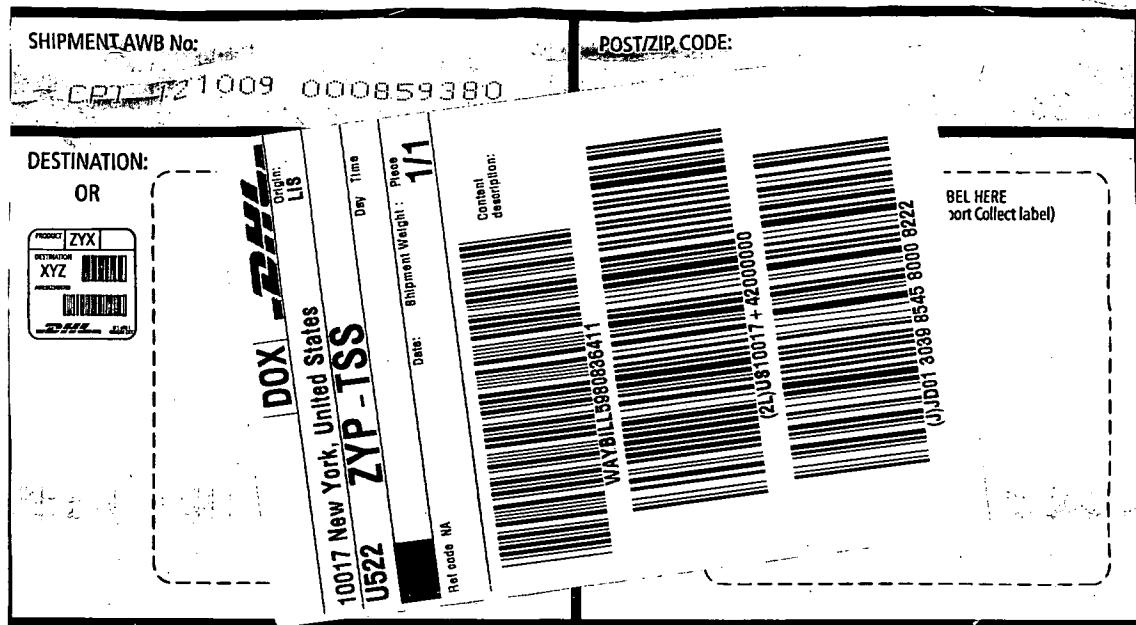
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill
(Item negotiable)

598 0836 411

1 Payer account number and insurance details

Charge to Shipper Receiver 3rd party

Payer Account No.

Shipment Insurance see reverse Yes No

2 From (Shipper)

Shipper's account number Contact name

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name BPI GASTAD DE Activos

Address PUA BRAAM CAMP, 31-6

Postcode/Zip Code (required) 1250-0491, L.SBOA

Postcode/Zip Code (required) 1250-0491X

Phone, Fax or E-mail (required)

3 To (Receiver)

EPIS BANKRUPTCY SOLUTIONS, LLC

1757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEITMAN BROTHERS

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) NEW YORK 10017

Country USA

Contact person

Phone, Fax or E-mail (required)

RECEIVED OCT 30 2009

4 Shipment details

Total number of packages	Total Weight	Dimensions in cm.
1	1 kg	Length x Width x Height
		cm

5 Full description of contents
Give content and quantity

6 Non-Documents: Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice.

Shipper's VAT/GST Number Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (as on commercial/proforma invoice) Harmonised Commodity Code if applicable

TYPE OF EXPORT Permanent Repair / Return Temporary

Destination duties/taxes If left blank receiver pays duties/taxes

Receiver Shipper Other

7 Shipper's agreement: (Signature required)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of carriage are all that apply to this shipment. I/we further agree that (1) the liability of DHL for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature Date 29.10.09

Picked up by Date

Time

TOP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057680



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões ICP
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$120,000.00

(Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578

(Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009093

(Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942

(Required)

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento (Director)

Miguel Moraes Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIC BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

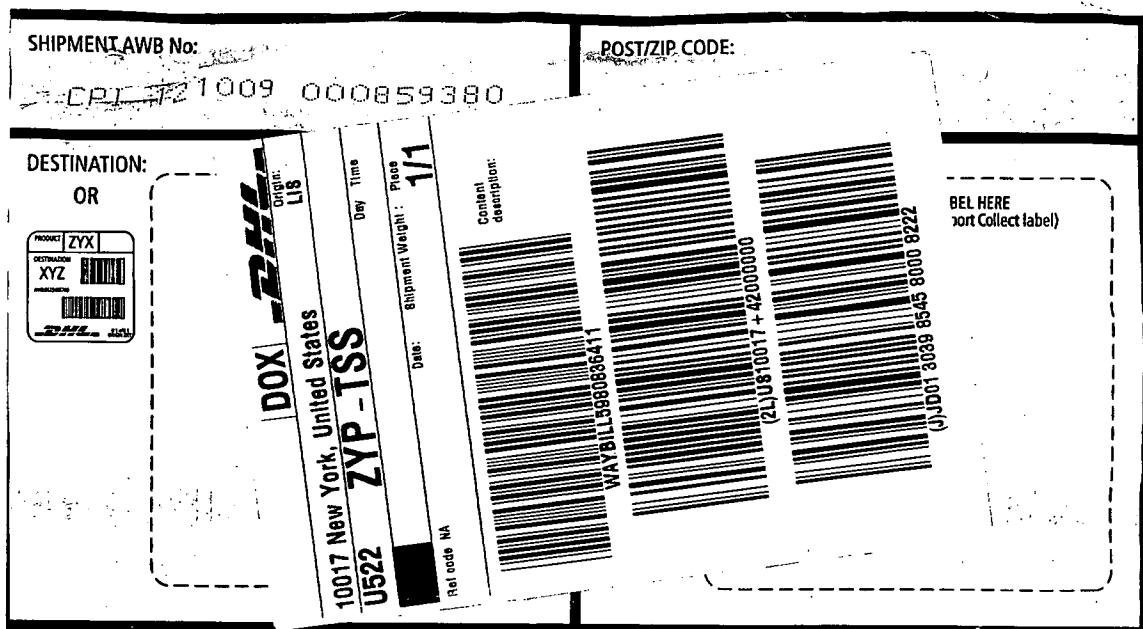
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, HEREBY CERTIFIES that José Manuel Chaves Veiga Sarmento, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and Luís Miguel Gubert Morais Leitão, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are Directors of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Ações
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill
(Non Negotiable)

598 0836 411

ORIGIN: 65
DESTINATION CODE: 24

1 Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash
 Cheque Credit Card
Payee Account No.

Shipment Insurance see reverse
 Yes No Not all payment methods are available in all countries

2 From (Shipper)

Shipper's Account number: 307511177
Contact name: BPI GESTAO DE AGENCIAS

Company name: BPI GESTAO DE AGENCIAS
Address: RUA BRAAM CAMP, 11-6
1250-049 LISBOA
Postcode/Zip Code (required): 1250-049LX
Phone, Fax or E-mail (required):

3 To (Receiver)

ERIK BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required): NEW YORK 10037
Country: USA
Contact person: Phone, Fax or E-mail (required):

4 Shipment details

Total number of packages: 1
Total Weight: 1.0 kg
Dimensions in cm: Length: 10 x Width: 10 x Height: 10
RECEIVED OCT 30 2009

5 Full description of contents
Give content and quantity

6 Non-Documents: Shipments Only (Customs Requirement)
Attach the original and four copies of a Proforma or Commercial Invoice
Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EIN/SSN:

Declared Value for Customs (if on commercial/proforma invoice)
Harmonised Commodity Code (if applicable)

7 TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes if left blank receiver pays duties/taxes
 Receiver Shipper Other Specify address/agent number

8 Shipper's Agreement (Signature required)
Unless otherwise agreed in writing, User agrees that DHL's Terms and Conditions of Carriage are all the terms and conditions of carriage and that DHL's Terms and Conditions of Carriage, and, where applicable, the Wapanne Convention terms and/or excludes DHL's liability for loss, damage or delay and (2) that the shipment does not contain cash or dangerous goods (see reverse).

Signature: *Carla Matos* Date: 29.10.09

TOP

Picked up by: *Carla Matos*
Route No.:
Time: 09:00

DHL Express Portugal, Lda. Rua Caldeira de Liverpool, 16-27 - 1199-009 Lisboa, Portugal I.P.C. 500731933 C.R.C. Matr. n.º 57.701 Capital Social 3.088.228,03 Euro
PT09/09 F19 PT MP

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057681



THIS SPACE IS FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Jerónimo Martins
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number: Email Address:

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$30,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009105 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

[Signature]
José Veiga Sarmento (Director)

[Signature]
Miguel Moraes Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.³/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

Pais de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No: CPT 1009 000859380

POST/ZIP CODE:

DESTINATION: OR

ORIGIN: LIS

DOX - DHL

10017 New York, United States

U522 ZYP-TSS

Day Time:

Shipment Weight: 1/1

Date:

Content description:

Ref addrs MA

WAVBILL#988083841

(2)JU8 007 + 42000000

JJD01 3038 8545 8000 822

BEL HERE
(Sort Collect label)

 <p>Track this shipment via the DHL Web Site: http://www.dhl.com</p> <p>Shipment Air Waybill (Non Negotiable)</p> <p>Payer account number and insurance details</p> <p>Charge to: <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card</p> <p>Payer Account No. <input type="text"/></p> <p>Shipment insurance see reverse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not all payment methods are available in all countries</p> <p>2. From (Shipper) Shipper's account number <input type="text"/> Contact name <input type="text"/> 307510177</p> <p>Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) <input type="text"/></p> <p>Company name BPI GESTAO DE ACHIVOS Address AV. BRAAM CAMP, 33-62 1250-049 LISBOA Postcode/Zip Code (required) <input type="text"/> Phone, Fax or E-mail (required) <input type="text"/> 1250-049 Lx</p> <p>3. To (Receiver) EPIS BANKRUPTCY SOLUTIONS, LLC 757 THIRD AVENUE, 3RD FLOOR NEW YORK ATTN: LEITMAN BROTHERS HOLDING CLAIMS PROCESSING Postcode/Zip Code (required) 100-177 Country USA Contact person <input type="text"/> Phone, Fax or E-mail (required) <input type="text"/></p>		<p>598 0836 411</p> <p>6. ORIGIN ES DESTINATION CODE 240</p> <p>7. Services <input type="checkbox"/> International <input type="checkbox"/> International Non Document <input type="checkbox"/> European Union <input type="checkbox"/> Domestic <input type="checkbox"/> International Document <input type="checkbox"/> European Union</p> <p>All of Services are available to and from all locations <input type="checkbox"/> Express 1 (10:30 to the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express 1 Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other General Services (extra charges apply) <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick Up <input type="checkbox"/> Delivery Notification <input type="checkbox"/> Other DHL Global Mail <input type="checkbox"/> Global Priority <input type="checkbox"/> Global Standard <input type="checkbox"/> Global</p> <p>8. Shipment details</p> <table border="1"> <tr> <td>Total number of packages</td> <td>Total Weight</td> <td>Dimensions in cm</td> </tr> <tr> <td>1</td> <td>1.0 kg</td> <td>Length Width Height</td> </tr> <tr> <td></td> <td></td> <td>x x x</td> </tr> </table> <p>9. Full description of contents Give content and quantity RECEIVED OCT 30 2009</p> <p>10. Non-Document Shipments Only (Customs Requirement) Attach the original and four copies of a Proforma or Commercial invoice. Shipper's VAT/GST number <input type="text"/> Receiver's VAT/GST or Shipper's EIN/SSN <input type="text"/> Declared Value for Customs <input type="checkbox"/> (check if applicable) Harmonized Commodity Code if applicable <input type="checkbox"/> Taxes on commercial/proforma invoice <input type="checkbox"/></p> <p>11. TYPE OF EXPORT <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary Destination duties/taxes if not black receiver pays duties/taxes <input type="checkbox"/> <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other <input type="checkbox"/> Special approval account number</p> <p>12. Shipper's agreement (Signature required): Unless otherwise agreed in writing, We agree that DHL's Terms and Conditions of carriage are set out in the DHL Terms and Conditions of DHL and (2) special Terms and Conditions and, where applicable, the Warsaw Convention. In the event of a dispute, arbitration is agreed to be the method of settling any claim, loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (as defined).</p> <p>Signature: <i>Lael Marion</i> Date: 29.10.09</p> <p>13. Picked up by: <i>AL-17</i> Route No.: <i>111</i> Time: <input type="text"/> Date: <input type="text"/></p> <p>14. TRANSPORT COLLECT STICKER No. <input type="text"/></p> <p>15. TOP</p>	Total number of packages	Total Weight	Dimensions in cm	1	1.0 kg	Length Width Height			x x x			x x x			x x x			x x x
Total number of packages	Total Weight	Dimensions in cm																		
1	1.0 kg	Length Width Height																		
		x x x																		
		x x x																		
		x x x																		
		x x x																		

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057683



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Portucel
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$100,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009109 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIC BANKRUPTCY SOLUTIONS, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

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Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

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c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

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Acknowledgment of Filing of Claim

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PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.º/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



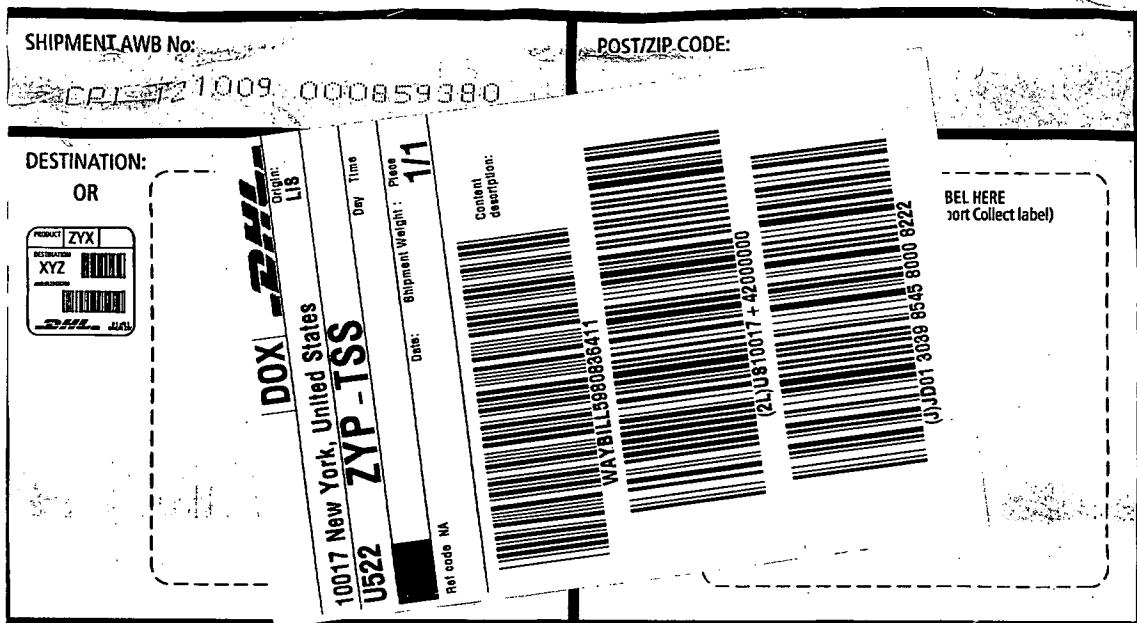
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Societrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill (Non-hazardous)

1 Payer account number and insurance details

Charge to: Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No.

Shipment Insurance see reverse Yes No Not all payment methods are available in all countries.

2 From (Shipper)
Shipper's account number Contact name 207511377

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name BPI GESTAO DE ACHIEVEMENT

Address AVA BRAAM CAMP, 31-6
1250-049 LISBOA
Postcode/Zip Code (required) Phone, Fax or E-mail (required) 1250-049LX

3 To (Receiver)
EPIS BANARUPIC SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITHAN BROTHERS
HOLDING CLAIMS PROCESSING
Postcode/Zip Code (required) NEW YORK 10017
Country USA
Contact person
Phone, Fax or E-mail (required)

598 0836 411

4 Shipment details

Total number of packages	Total Weight	Pieces	Dimensions in cm
1	1.0 kg	1	Length Width Height
		1	kg
		1	cm

5 Full description of contents
Give content and quantity *RECEIVED OCT 30 2009*

6 Non-Domestic Shipments Only (Customs Requirements)

Attach this original and four copies of a Proforma or Commercial Invoice
Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (as on commercial/proforma invoice) Harmonised Commodity Code is applicable

7 TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes if left blank receiver pays duties/taxes

Receiver Shipper Other Specify approved account number

8 Shipper's agreement (Signature required)
Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of carriage are all the terms and conditions of the contract. I/we also agree that (1) the terms and conditions and, where applicable, the Warsaw Convention terms and/or excludes liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature *RECLAMATION* Date *29/10/09*

DHL Express Portugal, Lda. Rua Cidade de Liverpool, 16 E - 1199-009 Lisboa, Portugal P.C. 1507-1933 C.R.C. Nata n.º 57.701 Capital Social 3.046.328,03 Euros
PT0908 F19 PT MP

TOP

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP)

0000057684

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Sanofi-Aventis
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$20,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009094 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

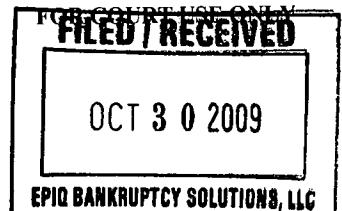
96942 (Required)

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date: 06/10/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Veiga Sarmento (Director)

Miguel Morais Leitão (Director)



INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150- 5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
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3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**



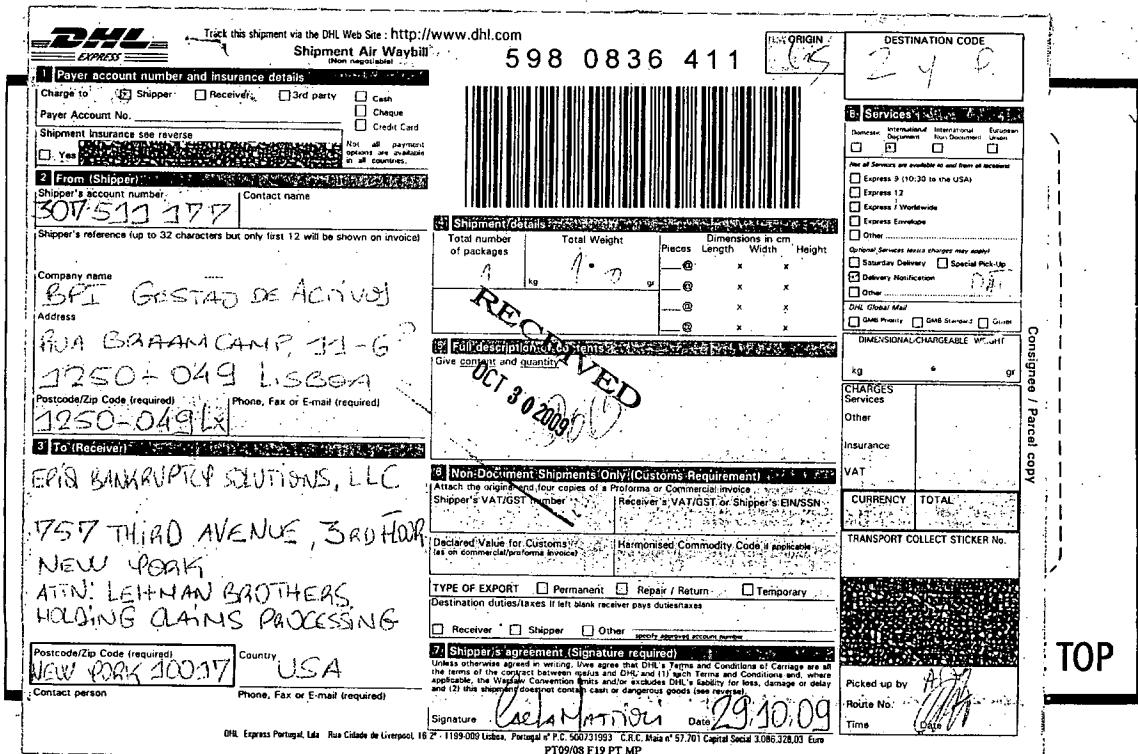
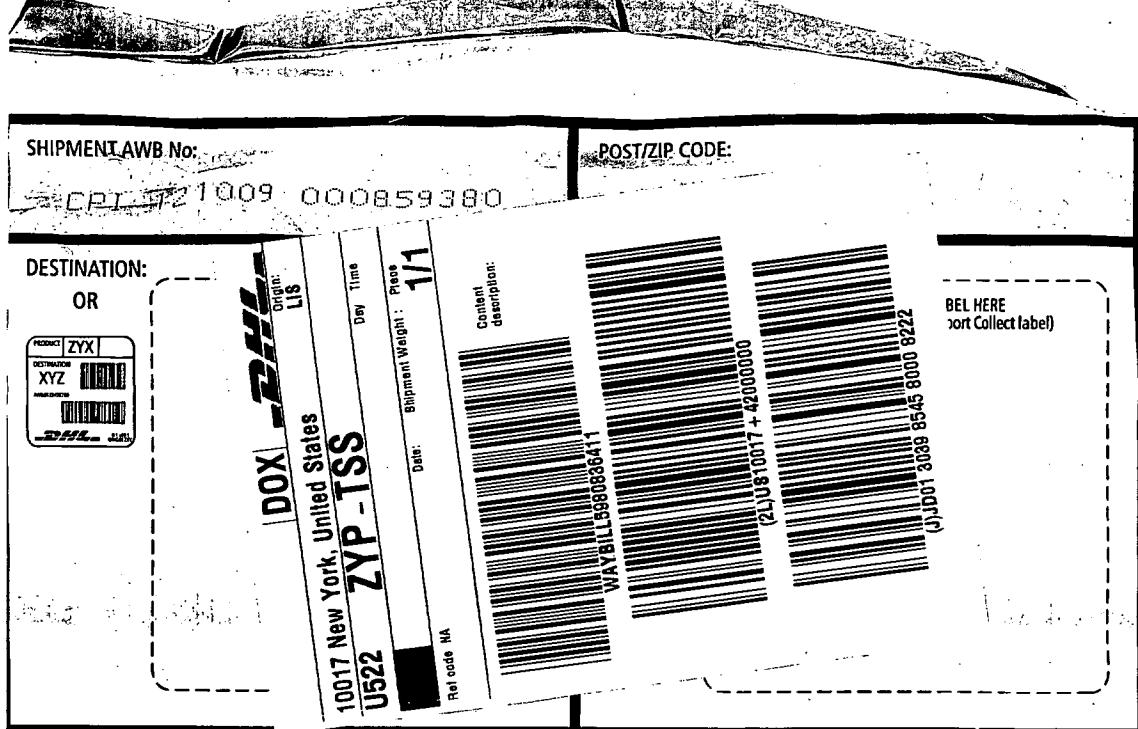
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Sociotel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057686

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões ENVC
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Check this box to indicate that this claim amends a previously filed claim.

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009104 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Vieira Sampaio **(Director)**

Miguel Morais Leitão **(Director)**

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Lehman Programs Security

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PROCURADORIA-GERAL DA REPÚBLICA

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5. Em /à /at **Lisboa**
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8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

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Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

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La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**



TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.



SHIPMENT AWB No:		POST/ZIP CODE:
CPI 1009 000859380		
DESTINATION:		
OR		
 <p>DOX ZYP-TSS</p> <p>Origin: LIS</p> <p>XYZ</p> <p>Content description:</p> <p>100117 New York, United States</p> <p>U522</p> <p>Ref code No: </p> <p>Date: Shipment Weight: Phone: 1/1</p> <p>Day Time:</p>		
   <p>WAYBILL 598088641</p> <p>(2)JUS 007 + 42000000</p> <p>(3)J01 3089 8545 8000 8222</p>		
<p>BEL HERE to Collect label)</p>		

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al., Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057688



FOR COURT USE ONLY

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Epal
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$320,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6052404 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

93798 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Miguel Moraes Leitão **Miguel Moraes Leitão (Director)**

José Xeiga Sarmento **José Xeiga Sarmento (Director)**

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

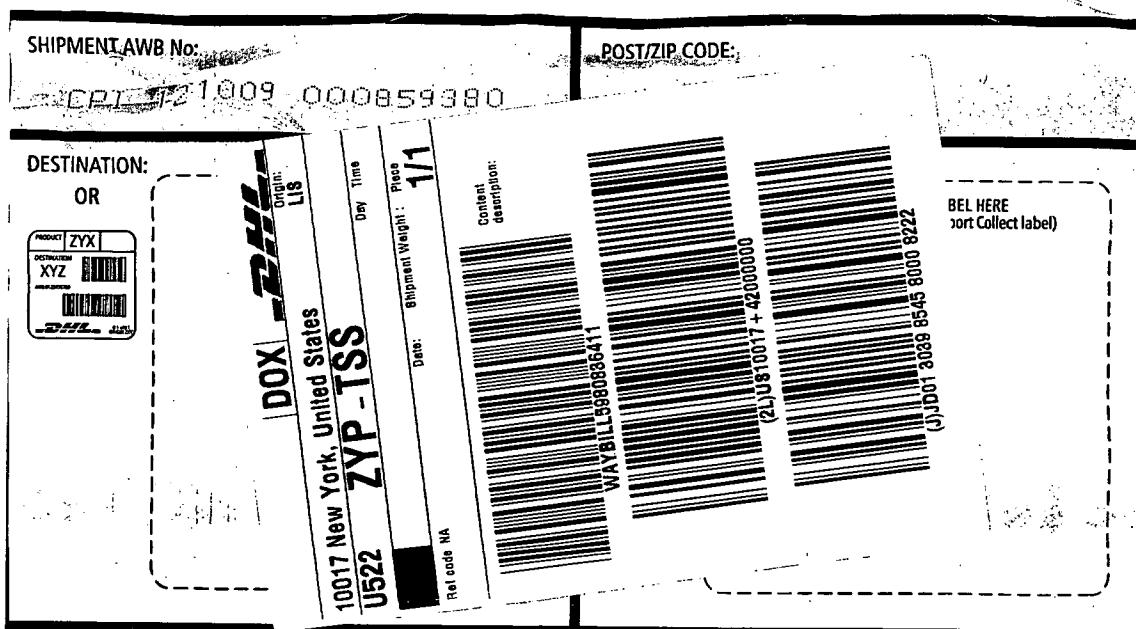
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, HEREBY CERTIFIES that José Manuel Chaves Veiga Sarmento, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and Luís Miguel Gubert Morais Leitão, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are Directors of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill

598 0836 411

1. Payer account number and insurance details

Charge to Shipper Receiver 3rd party Cash Check Credit Card

Payer Account No.

Shipment Insurance see reverse Yes No Not all payment options are available in all countries.

2. From Shipper

Shipper's account number: 307-511-1777 Contact name:

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: BPI GESTAO DE ACTIVOS

Address: Rua BAAAM CANP, 11-6
1250-049 LISBGA
Postcode/Zip Code (required) Phone, Fax or E-mail (required)

1250-049LX

3. To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC

757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEITMAN BROTHERS,
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) Country: USA

Contact person: Phone, Fax or E-mail (required)

4. Shipment details

Total number of packages	Total Weight	Dimensions in cm
1	1.0	Length x Width x Height @ x x @ x x @ x x @ x x

RECEIVED OCT 30 2009

5. Full description of contents

Give content and quantity

6. Non-Documents Shipments Only (Customs Requirements)

Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST Number: Receiver's VAT/GST or Shipper's EN/SSN:

Declared Value for Customs: Harmonized Commodity Code if applicable:

(as on commercial/proforma invoice) 00000000000000000000000000000000

TYPE OF EXPORT Permanent Repair / Return Temporary
Destination duties/taxes If left blank receiver pays duties/taxes

Receiver Shipper Other Specify account number

7. Shipper's agreement (Signature required):

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all that apply to the carriage of my/our goods. I/we also agree that (1) the carriage is subject to the Warsaw Convention and/or excludes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature: Date: 29/10/09

TOP

DHL Express Portugal, Ltda - Rua Cidade de Liverpool, 16 - 1199-009 Lisboa, Portugal P.C. 1199-009 Lisboa, Portugal C.I.C. Matr. n.º 57.701 Capital Social 3.036.328,00 €

PT09081919 PT MP

Picked up by: Route No.: Date: Time:

United States Bankruptcy Court/Southern District of New York

Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors.

Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP)

0000057690

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



NLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Grupo Gás de Portugal
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$170,000.00 (Required)

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 (Required)

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009096 (Required)

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 (Required)

5. **Consent to Euroclear Bank, Clearstream Bank or Other Depository:** By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Vieira Sarmiento (Director)

Miguel Moraes Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

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Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

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Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

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Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

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País de destino/Pays de destination/Destination country **Estados Unidos da América**



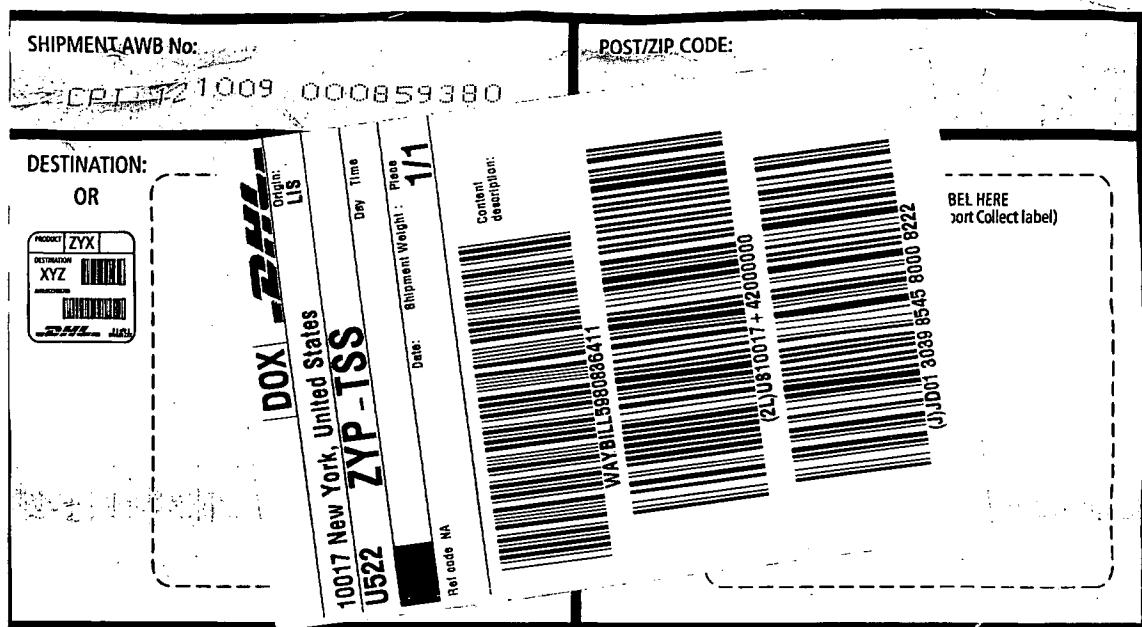
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

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- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill
(Non Negotiable)

598 0836 411

1 Payer account number and insurance details		ORIGIN		DESTINATION CODE	
<input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Not all payment options are available in all countries</small>		<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Express 9 (10:30 in the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other <small>Other services in the charge may apply</small>		<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Express 9 (10:30 in the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other <small>Other services in the charge may apply</small>	
2 From (Shipper) <small>Shipper's account number</small> 307-511-177 <small>Contact name</small>		3 Shipper's details <small>Postcode/Zip Code (required)</small> 1250-0491 <small>Phone, Fax or E-mail (required)</small> 1250-0491		4 Services <small>Domestic International Domestic International</small> <input type="checkbox"/> Express 9 (10:30 in the USA) <input type="checkbox"/> Express 12 <input type="checkbox"/> Express Worldwide <input type="checkbox"/> Express Envelope <input type="checkbox"/> Other <small>Other services in the charge may apply</small> <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pick-up <input type="checkbox"/> Delivery Notification <input type="checkbox"/> Other <small>Other services in the charge may apply</small> <small>DHL Global Mail</small> <input type="checkbox"/> DHL Priority <input type="checkbox"/> DHL Standard <input type="checkbox"/> DHL	
5 Full description of contents <small>Give content and quantity</small> <small>RECEIVED OCT 30 2009</small>		6 Dimensions in cm <small>Total number of packages</small> 1 <small>Total Weight</small> 1.0 <small>Pieces</small> 1 <small>Length</small> x <small>Width</small> x <small>Height</small>		7 DIMENSIONAL CHARGEABLE WEIGHT <small>kg</small> 6 <small>g</small> 0	
<small>8 Non-Docment Shipments Only (Customs Requirement)</small> <small>Attach the original and four copies of a Proforma or Commercial invoice</small> <small>Shipper's VAT/GST Number</small> <small>Receiver's VAT/GST or Shipper's EIN/SSN</small>		<small>9 CHARGES</small> <small>Services</small> <input type="checkbox"/> <small>Other</small> <input type="checkbox"/> <small>Insurance</small> <input type="checkbox"/> <small>VAT</small> <input type="checkbox"/>		<small>10 CURRENCY</small> <small>TOTAL</small> <small>11 TRANSPORT COLLECT STICKER No.</small>	
<small>12 TYPE OF EXPORT</small> <input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary <small>Destination duties/taxes If left blank receiver pays duties/taxes</small>		<small>13 Receiver</small> <input type="checkbox"/> <small>Shipper</small> <input type="checkbox"/> <small>Other</small> <small>specify account number</small>		<small>14 Picked up by</small> <small>Route No.</small> <small>Date</small> <small>15 Signature</small> <small>Date</small> <small>29.10.09</small>	
<small>16 Postcode/Zip Code (required)</small> NEW YORK 10017 <small>Country</small> USA <small>Phone, Fax or E-mail (required)</small>					
<small>17 Contact person</small>					

DHL Express Portugal, Lda - Rua Cidade de Liverpool, 16 27 - 1199-009 Lisboa, Portugal P.C. 1500-31993 C.R.C. N.º 57.701 Capital Social 3.086.378.03 Euro
PT0908 F19 PT MP

TOP

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re:
Lehman Brothers Holdings Inc., et al.,
Debtors. Chapter 11
Case No. 08-13555 (JMP)
(Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057691



Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões Gestnave
Rua Braamcamp, N.º 11, 7.º
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$110,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009102 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date. **Signature:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

[Signature] **Jose Veiga Sarmento (Director)** **Miguel Moraes Leitao (Director)**

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The questions on the Proof of Claim form include instructions for completing each question. The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the Claims Agent at the following address:

Lehman Brothers Holdings Claims Processing
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5076
New York, NY 10150-5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com> as of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim, or you may access the Claims Agent's system (<http://www.lehman-docket.com>) to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

País de destino/Pays de destination/Destination country **Estados Unidos da América**

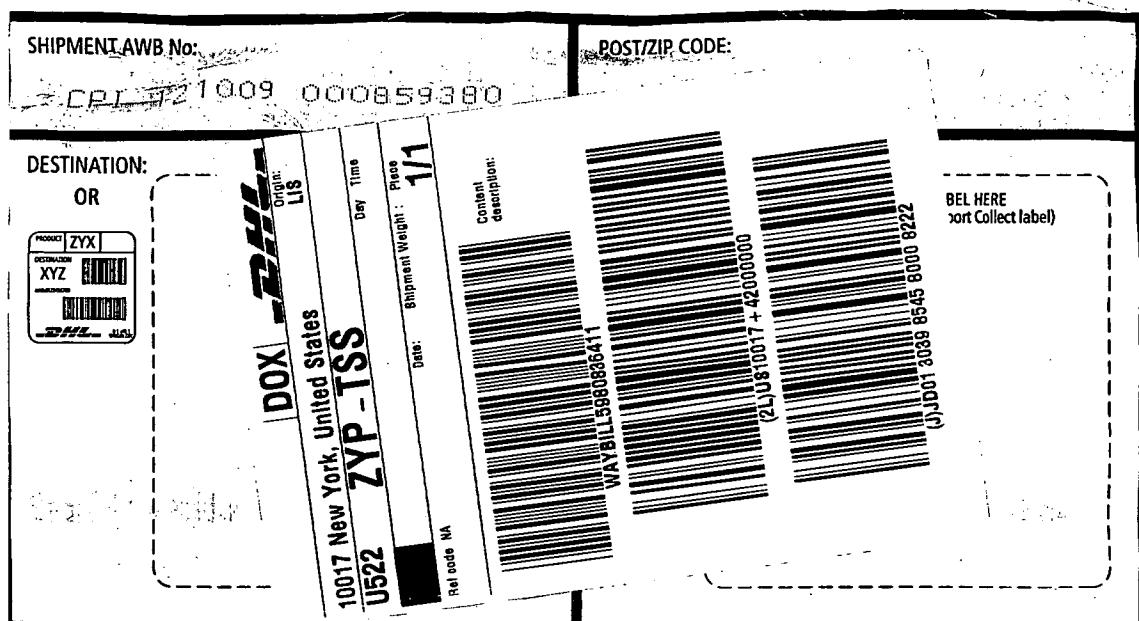
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Sociotel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





Track this shipment via the DHL Web Site : <http://www.dhl.com>

Shipment Air Waybill (from negotiated)

1 Payer account number and insurance details

Charge to Shipper Receiver 3rd party Cash Cheque Credit Card

Shipment Insurance see reverse Yes No Not all payment methods are available in all countries

2 From (Shipper)

Shipper's account number: 307511177 Contact name: *BPI GESTAO DE ACRIOS*

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice)

Company name: *BPI GESTAO DE ACRIOS*

Address: *RUA BRAAM CAMP, 11-6
1250-049 LISBOA
1250-049 LX*

Postcode/Zip Code (required): *1250-049 LX* Phone, Fax or E-mail (required): *1250-049 LX*

3 To (Receiver)

EPIC BANKRUPTCY SOLUTIONS, LLC
1757 THIRD AVENUE, 3RD FLOOR
NEW YORK
ATTN: LEI-NAI BROTHERS,
HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required): *NEW YORK 10017* Country: *USA*

Contact person: *Lei-Nai* Phone, Fax or E-mail (required): *1250-049 LX*

4 Shipment details

Total number of packages: *1* Total Weight: *1.0 kg* Dimensions in cm: *Length: 100, Width: 100, Height: 100*

5 Full description of contents

Give sign and quantity: *RECEIVED OCT 8 2009*

6 Non-Documents Shipments Only/Customs Requirements

Attach the original and four copies of a Proforma or Commercial invoice
Shipper's VAT/GST Number: *500731993* Receiver's VAT/GST or Shipper's ENNIN: *500731993*

Declared Value for Customs: *100000* Harmonised Commodity Code if applicable (as on commercial/invoice): *84711000*

Type of Export: Permanent Repair / Return Temporary
Destination duties/taxes if left blank receiver pays duties/taxes

Receiver Shipper Other Identify account number

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, we agree that DHL's Terms and Conditions of carriage are all the terms and conditions agreed between sender and DHL and (1) such Terms and Conditions end, where applicable, the delivery of the goods to the receiver, (2) the receiver is liable for any loss, damage or delay and (3) this shipment does not contain cash or dangerous goods (see reverse)

Signature: *Lei-Nai* Date: *29/10/09*

8 Services

Origin: *CS* Destination Code: *24*

Services: Domestic International European American Asian Other

Express P (10.30 to the USA) Express 12 Express Worldwide Express Envelope Other

Other Services No charge extra Saturday Delivery Special Pick-Up Delivery Notification Other

24h Direct Mail GMS Priority GMS Standard Other

9 DIMENSIONAL/CHARGEABLE WEIGHT

kg: *1.0* g: *1000*

10 CHARGES

Services: *500731993* Other: *500731993*

Insurance: *500731993*

VAT: *500731993*

11 CURRENCY

Total: *100000*

12 TRANSPORT COLLECT STICKER NO.

13 Consignee / Parcel copy

14 TOP

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

**LEHMAN SECURITIES PROGRAMS
PROOF OF CLAIM**

In Re: Chapter 11
Lehman Brothers Holdings Inc., et al., Case No. 08-13555 (JMP)
Debtors. (Jointly Administered)

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000057629

Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on <http://www.lehman-docket.com> as of July 17, 2009



Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Fundo de Pensões do Banco do Brasil
Rua Braamcamp, N.º 11, 7.^o
1250-049 Lisboa
PORTUGAL

Telephone number: +351 213111010 Email:

Name and address where payment should be sent (if different from above)

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Telephone number: Email Address:

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.

Amount of Claim: \$40,000.00 **(Required)**

Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.

2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.

International Securities Identification Number (ISIN): XS0242448578 **(Required)**

3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.

Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and or other depository blocking reference number:

6009103 **(Required)**

4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.

Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number:

96942 **(Required)**

5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.

Date.

06/10/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

José Xeiga Sarmento (Director)

Miguel Moraes Leitão (Director)

FOR COURT USE ONLY

FILED / RECEIVED

OCT 30 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

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Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured, reduced to judgment or not, liquidated or unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal or equitable.

Proof of Claim

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New York, NY 10150-5076

Lehman Programs Security

Any security included on the list designated "Lehman Programs Securities" available on <http://www.lehman-docket.com>s of July 17, 2009.

INFORMATION

Acknowledgment of Filing of Claim

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Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



PROCURADORIA-GERAL DA REPÚBLICA

APOSTILLE

Convention de La Haye du 5 octobre 1961

1. País/Pays/Country : **Portugal**
Este documento público/Le présent acte public/This public document
2. Foi assinado por/a été signé par/has been signed by **José Mestre**
3. Agindo na qualidade de/agissant dans la qualité de/acting in the capacity of **Solicitador 1353**
4. E tem o carimbo de/est revêtu du timbre de/bears the stamp of **José Mestre**

Reconhecido/Attesté/Certified

5. Em /à /at **Lisboa**
6. A /le /the **27 de Outubro de 2009**
7. Pelo Procurador-Geral da República/par le Procureur général de la République/by the Attorney General
8. Sob o nº /sous le nº /Nº **10485-2009**
9. Carimbo/timbre/stamp

10. Assinatura/signature/signature


Fernando José Matos Pinto Monteiro

Ref.^a/réf./ref.

A presente Apostila apenas certifica a assinatura, a qualidade em que o signatário do acto actuou e o selo/carimbo que consta do acto. Não certifica o conteúdo do documento para o qual foi emitida.

Cette Apostille ne certifie que la signature, la qualité en laquelle le signataire de l'acte a agi et le sceau/timbre dont cet acte est revêtu. Elle ne certifie pas le contenu du document pour lequel elle a été émise.

This Apostille only certifies the signature, the capacity of the signer and the seal/stamp it bears. It does not certify the content of the document for which it was issued.

La presente Apostilla sólo certifica la firma, la capacidad del signatario y el sello/timbre que ostenta. La Apostilla no certifica el contenido del documento para el cual se expidió.

Pais de destino/Pays de destination/Destination country **Estados Unidos da América**



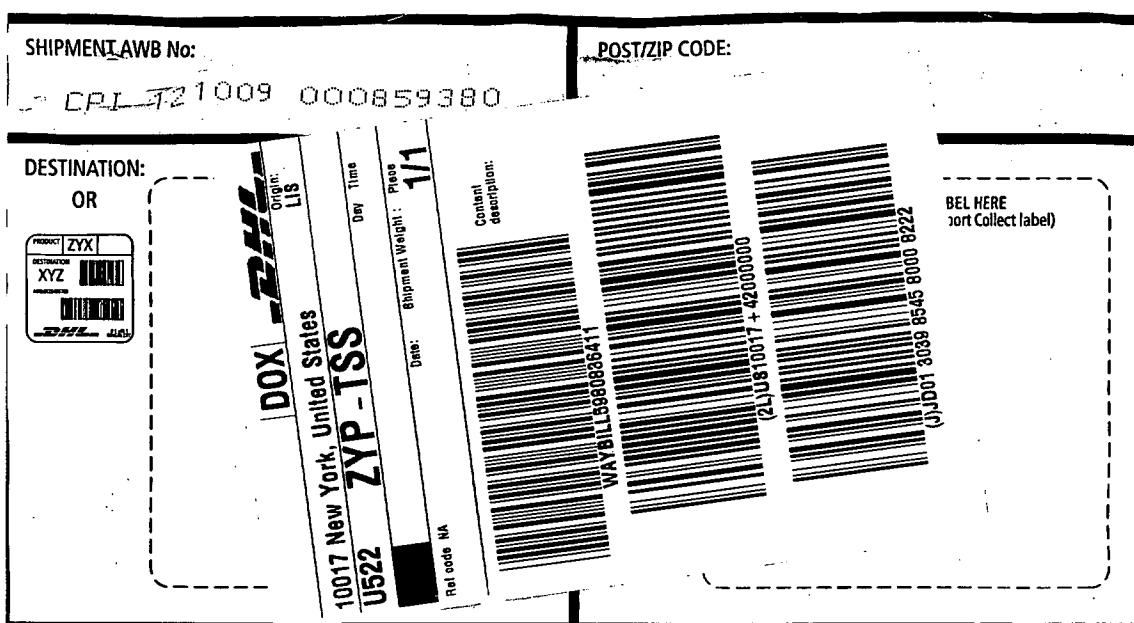
TO WHOM IT MAY CONCERN, I, José dos Santos Paixão Mestre, registered Solicitor with license n.º 1353, issued by Câmara dos Solicitadores, with office in Rua Braamcamp, 11, 2.º, 1250-049 Lisboa, **HEREBY CERTIFIES** that **José Manuel Chaves Veiga Sarmento**, identification number n.º 1279839, issued in 25/04/2006 - Lisbon, and **Luís Miguel Gubert Morais Leitão**, identification number n.º 6531960, issued in 15/03/2001 - Lisbon, are **Directors** of BPI – PENSÕES, SOCIEDADE GESTORA DE FUNDOS DE PENSÕES, S.A., a Pension Fund Management Company duly constituted, with a share capital of €1.000.000,00, with its head office at Rua Braamcamp, N.º 11 – 7.º, LISBOA, PORTUGAL, registered at the Commercial Registry Office of Lisbon under unique taxpayer reference number 502010304, with full power and authority to sign or execute and deliver all documents relating to **Lehman Programs Securities, pursuant Lehman Brothers Holdings Inc., et al., Debtors. Chapter 11, Case N.º 08-13555 (JMP)** and to do all other acts and things or to sign or execute and deliver any other documents, notices, writings or deeds that may be necessary or desirable in connection with the said Claim, relating to the following pension funds:

- Fundo de Pensões BNP Paribas
- Fundo de Pensões do Banco do Brasil
- Fundo de Pensões Portucel
- Fundo de Pensões Sogrape
- Fundo de Pensões Aberto BPI Valorização
- Fundo de Pensões Aberto BPI Segurança
- Fundo de Pensões Aberto BPI Acções
- Fundo de Pensões Gescartão
- Fundo de Pensões Tejo
- Fundo de Pensões Marconi
- Fundo de Pensões ICP
- Fundo de Pensões Socitrel
- Fundo de Pensões Grupo Gás de Portugal

- Fundo de Pensões Centralcer
- Fundo de Pensões IAPMEI
- Fundo de Pensões EPAL
- Fundo de Pensões ENVC
- Fundo de Pensões Symington
- Fundo de Pensões Unicer
- Fundo de Pensões Gestnave
- Fundo de Pensões Vista Alegre
- Fundo de Pensões Sorefame
- Fundo de Pensões Jerónimo Martins
- Fundo de Pensões Sanofi-Aventis

IN FAITH AND TESTIMONY whereof I the Solicitor have subscribed my name and set and
affixed my Seal of Office at Lisbon aforesaid this twentieth third day of October 2009.





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Shipment Air Waybill (Non Negotiable)

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ORIGIN **24**

DESTINATION CODE **24**

1 Payer account number and insurance details

Charge to Shipper Receiver 3rd party Cash Cheque Credit Card

Payer Account No. **307511177**

Shipment Insurance coverage Yes No Not all payment options are available in all countries.

2 From (Shipper)

Shipper's account number **307511177** Contact name **RECEIVED OCT 30 2009**

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) **BAI GESTAO DE ACIVOS**

Company name **BAI GESTAO DE ACIVOS**

Address **AVIA BRITANICA 17, 11-6 1250-049 LISBOA**

Postcode/Zip Code (required) **1250-049** Phone, Fax or E-mail (required) **1250-0496**

3 To (Receiver)

EP&Q BANKRUPTCY SOLUTIONS, LLC

1757 THIRD AVENUE, 3RD FLOOR

NEW YORK

ATTN: LEITMAN BROTHERS,

HOLDING CLAIMS PROCESSING

Postcode/Zip Code (required) **NEW YORK 10017** Country **USA**

Contact person **Leila Martinez** Date **29/10/09**

Phone, Fax or E-mail (required)

4 Shipment details

Total number of packages	Total Weight	Dimensions in cm
1	1.0 kg	10 x 10 x 10

5 Full description of contents

Give content and quantity

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and four copies of a Proforma or Commercial invoice, Shipper's VAT/GST number, Receiver's VAT/GST or Shipper's EIN/SSN.

Declared Value for Customs Harmonized Commodity Code if applicable (on commercial/invoice)

7 TYPE OF EXPORT Permanent Repair / Return Temporary

Destination duties/taxes If left blank receiver pays duties/taxes

Receiver Shipper Other Specify separate account number

8 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, User agrees that DHL's Terms and Conditions of Carriage are all terms of the agreement between User and DHL and (1) accept Terms and Conditions and, where applicable, the Weight Limitations and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature **Leila Martinez** Date **29/10/09**

9 Picked up by **Leila Martinez** **29/10/09**

10 Route No. **29/10/09**

11 Time **29/10/09**

12 TOP

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